

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. C8/765837	FILING DATE
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3	2						53	
4	2						54	
5	2						55	
6	2						56	
7	2						57	
8	2						58	
9	2						59	
10	2						60	
11	2						61	
12	2						62	
13	2						63	
14	2						64	
15	2						65	
16	2						66	
17	2						67	
18	2						68	
19	2						69	
20	2						70	
21	2						71	
22	2						72	
23	2						73	
24	2						74	
25	2						75	
26	2						76	
27	2						77	
28	2						78	
29	2						79	
30	2						80	
31			1		1		81	
32						1	82	
33							83	
34							84	
35					1	1	85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45					1		95	
46						1	96	
47						1	97	
48						1	98	
49							99	
50					1		100	
TOTAL IND.							TOTAL IND.	5
TOTAL DEP.							TOTAL DEP.	15
TOTAL CLAIMS							TOTAL CLAIMS	20

PTO-1360 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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